X□ SUMMONS FOR W	ITNESS	DOCKET NUMBER		Trial Court of Massachusetts District Court Department		
SESSION: X□ CRIMINA	L 🗆 JUVENILE 🗎 JURY 🗀 M	AGISTRATE HEARING NAM	L E AND ADDRES	SS OF COURT DIVISION	YOU MUST	
NAME, ADDRESS AND ZIP CODE OF DEFENDANT  Commonwealth			Quincy District Court  1 Dennis Ryan Parkway Quincy, MA 02169 Presiding Justice: Hon. Mark S. Coven  APPEAR AT THIS COURT ADDRESS ON THE DATE			
VS.		DATE	DATE AND TIME OF APPEARANCE		AND TIME SPECIFIED	
			2/21/12	at 8:45 a.m.	HEREIN	
			DATE	TIME		
NAME, ADDRESS AND ZIP CODE OF WITNESS			ENSE(S)			
Annie Dookhan and Kate Corbett			Drug Possession to distribute class B Drug possession to distribute class B			
TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH:  You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness with some person of suitable and discretion then residing therein, or by mailing it to the last known address of the defendant or witness.  NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.  To the above named Witness:  You are hereby required in the name of the Commonwealth, to make your appearance before the Justices of the Court on the date and time noted above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you:						
WITNESS:	Muchaul W Mor	~		DATE OF ISSUE		
	Michael W. Morrissey	District Attornev		July 13, 2017		
□ Delivering a □ Leaving a co a person of suitable □ Mailing a co □ I received th	copy of it personally to ppy of it at the dwelling age and discretion respy of it to the last know e summons on	RETURN OF SERVICE mmons upon the above note the defendant or witness house or usual place of a siding therein. If address of the defendation but I was received.	amed Defendance  abode of the control	dant Witness by defendant or witness w	ith	
because:		MAN-1004-100-100-100-100-100-100-100-100-10	***************************************			
DATE OF SERVICE	SIGNATURE	OF PERSON MAKING SERVIC	E ITITI E O	F PERSON MAKING SERVI	CE	
1/27/12	I aura Ma		ADA			